@asse119999€r00094393EVN	Decument 990	Fiile80041/645/145	Page 22 of 145	PagerD#:30	84 0
s *		35	SBI NUMBE	(Leave t	olank)
Registered Name: A	VULAK	- LAUL		DWARD MIDDLE) Suffix
Date of Birth:	-44	Place of Birth (st	ate/country):	EN.J. CA	1 mon
Social Security Number:		4741			
Driver's license or id state:	De Drive	r's license or id num	iber:		
Race: CSex:_	M	Height:	We	eight: 250	
Hair color: BR	Eye color: B	Ski	n color: W/4	17	
Alias names:	5			on a	-
And the second s	· · · · · · · · · · · · · · · · · · ·				
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35	1.0		*****		
Scars, marks or tattoos (with de					
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Email Address:		(6	9-11-31M-00-11-11-11-11-11-11-1-1-1-1-1-1-1-1-		
Home telephone number: 302	- 322-30 (number)	(arca coo	Je) (n	umber)	
Cell telephone number:	(number)	(area cod	(n)	umber)	
Passport Identification Number:	4519548	£2	ning Country:	USA	29
Immigration status:					**
2 of 9		VERNMENT EXHIBIT		01/01/2008	

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00000767

Casse 14999-Ctr 1000443 CSE/N Document 960 Filler 104/045/145 Page 3 cf 1455 Page 1000445 CF 2005 LIVING and/or MAILING ADDRESS

Are you living at a shelter:	(yes or no) Are you	homeless: // (yes or no
MAILING ADDRESS (is this different		
Development or Apartment Name: Hou	y wood m	Apartment #: /04
Street Address: 145 So Do So South, cic)	t Dwy	
City: LAN CALME	State:	Ziv: 19771
*	SS: (if different from n	
Development Name:	361	
Street Address: (North, South, etc.)		(Street/Drive/etcl
City:	State:	Zip:
Are there other addresses tha	t you live:	(yes or no)
Development or Apartment Name:		Apartment #:
Charact A diagram		
Number (North, South, etc)		
City:	State:	Zip:
Development or Apartment Name:		Apartment #:
Street Address: (North, South, etc)	Sirect Name	(Street/Drive/etc)
City:	State:	7in:
Company and the Control of the Contr	STANDARD STANDARD	THE STATE OF THE S
Development or Apartment Name:		Apartment #:
Street Address:(North, South, etc)		
City:	State:	Zip:
Development or Apartment Name:		Anadment #
		Tapat different in
Street Address: (North, South, etc)	Street Name	(Street/Drivo/etc)
City:	State:	Zip:
	79	9.
f Homeless list the area you frequent:	· · · · · · · · · · · · · · · · · · ·	
of 9		01/01/2008

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PLACE OF STUDY INFORMATION

Name of place of study: Street Address: Number (North, South, etc) Street Name Street Address: Number (North, South, etc) Street Address: Number (North, South, etc) Street Address: Street Address: Number (North, South, etc) Street Name Street Address: Street Address: Street Address: Street Address: Street Address: Street Address: Number (North, South, etc) Street Name Street Name Street Name Street Name Street Date: Street Address: Stre	Do you have a place of s	etudy? (ye	s or no) Are you enrolled	1?(yes or no)
Street Address: Number (North, South, etc) Street Name (Street/Drive/etc)	Name of place of study:		Bffec	tive Date:
Name of place of study: Street Address: Number (North, South, etc) Street Address: Street Address: Number (North, South, etc) Street Name (Street/Drive/etc) City: State: Zip: Name of place of study: Street Address: Street Address: Street Address: Number (North, South, etc) Street Name Street Address:				
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Street Address: Number (North, South, etc) Street Name (Street/Drive/etc)	City:		State:	Zip:
Street Address: Number (North, South, etc) Street Name (Street/Drive/etc)	Name of place of study: _	4	Effecti	ive Date:
City: State: Zip: Name of place of study: Effective Date: Street Address: Number (North, South, etc) Street Name (Street/Drive/etc) City: State: Zip: Name of place of study: Effective Date: Street Address: Number (North, South, etc) Street Name (Street/Drive/etc) City: State: Zip: Name of place of study: Effective Date: Street Address: Zip: Name of place of study: Street Name (Street/Drive/etc) Street Address: Street Address: Street Address: Street Name (Street/Drive/etc)	Street Address	1.60		•
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Street Address: Number (North, South, etc) Street Name (Street/Drive/etc)				
				100
City:State:Zip:				
	City:		State:	Zip:

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EMPLOYMENT INFORMATION

Occupa	tion:
Occupati	on;
Street Name	(Street/Drive/etc)
«State:	Zip:
	n:
Occupation	CONTROL CONTRO
Occupation	
Occupation Street Name	(Street/Driveletc)
Occupation Street Name State:	(StreeUDrive/etc)
Occupation Street Name	(Street/Driveletc)
Occupation Street Name State:	(Street/Driveletc)
Occupation Street Name State:	(Street/Driveletc)
Occupation Street Name State:	(Street/Drive/etc) Zip:
Occupation Street Name State: Occupation	(Street/Drive/etc) Zip:
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	Street Name State: Occupati

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VEHICLE INFORMATION

List all vehicles that you own or operate for private or work use. (Vehicles include cars, trucks, motorcycles, boats, planes, etc.)

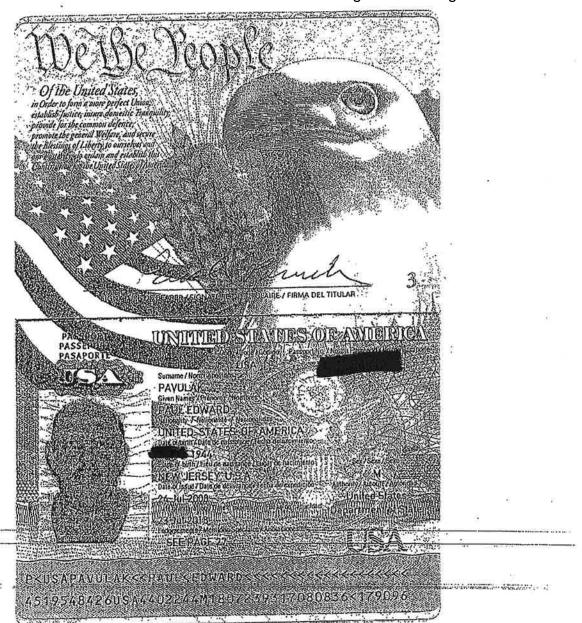
5)	30 325		Des	
Re	egistration / hull / or plane	tail number	State of registration	
Vehicle year:	1996 Vehicle ma	ke: <i>fore</i>	Vehicle model: THANS	
Vehicle color:	Conso	over		
Place vehicle is	parked or located:	My woon and	2 see location)	
Owner's name:	PAUL PAV	ucak-	ago, romayii	
Street Address:	Number (North, South, etc)	UPONT HUY Street Native	(Street/Drive/etc)	·—-
City: Ma	Vargot	State:	25 zip: 1872	2
	50 321		DI	
Regi	stration / hull / or plane ta	nil number	State-of registration	8
Vehicle year:	Yehicle make);	_ Vehicle model:	
Place vehicle is pa	rked or located:			
		(Hanger, marina, garage	, location)	
Owner's name:	Walter to the Control of the Control		***************************************	************
Street Address:				
			(Stree/Drive/etg)	Mark Establish
City:	<u>-</u>	State:	Zip:	
Regist	ration / hull / or plane tail		Side of the side o	
Tre Brot.	radon / nun / or plane tall	nunder	State of registration	
Vehicle year:	Vehicle make:		Vehicle model:	
•		(Hanger, marina, garage, le	ecation)	
Owner's name:				
Street Address:				_
			(Street/Drivolete)	_
7 of 9		state;	Zip:	-
/ UL /			01/01/2008	

Casse 11999 Ctr 000043 CSE/N Document 990 Filled 04/045/145 Page 77 of 455 Page 100 #: 30845 VERIFICATION CERTIFICATION

I, PRINT FOIL NAME here) have completed this validation process	s and make these
statements as true and factual. I understand that by improperly stating or willfully withher	
complete this verification, I am liable for criminal prosecution due to non-compliance wi	th Delaware's Megan
Signature: Acrel Paris Date: 1-16-39	
Date: 1-16-09	;
If under 18:	
Name of parent/guardian:(PRINT NAME base)	
Signature of parent/guardian:	
Date:	
	7
ne de la company de la comp La company de la company d	anni an an an Air an an an Air an an Air
DSP Employee Accepting Packet:	e) No
*	
Date: (-/6-09	

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Case 11999 Ctr 000943 CSE/R DOGUN**ATION OF PROJECTION OF 145 PAGE** 1100 1445 PAGE 16/10 LICENSE CLASS **ENDORSEMENTS** NAME AND RESIDENTIAL ADDRESS LICENSE NUMBER PAVULAK PAUL EDWARD 270 QUIGLEY BLVD CLASS D NEW CASTLE WEIGHT DE 19720 DATE OF BIRTH SEX EYES HEIGHT

LICENSE STATUS PVT-VALID CDL-	ORIGINAL ISSUE DATE CURR. LIC. 08/26/1991 12/31/2				RESTRICTIONS				
VIOLATION / DEPARTMENTAL ACT	TION	DATE ACTION/ VIOLATION		REFERENCE NUMBER	COURT NO.	сму	HAZ MAT	ACC	POINT
CHANGE OF ADDRESS FROM LIC CHANGE OF ADDRESS FROM LIC		10/17/08 10/17/08							
PRIOR: 721 KING JAMES CT PRIOR: 270 QUIQLEY BLVD									
BEAR 197010000 NEW CASTLE 197200000									
CHANGE OF ADDRESS FROM LIC PRIOR: 109 FARM HOUSE LN		12/31/07							
COUNTRYSIDE FARMS BEAR 197010000									
LIC SURR/NV-2101529655 LICENSED IN NV		12/31/07 04/09/02			NV				
DUP LIC ISSUED PRIOR ISS 02/01/2 CHANGE OF ADDRESS FROM LIC	2001	06/12/01 02/01/01							
PRIOR: 739 KILGORE COURT NEWARK 197020000				Villaga e					
4169 SPEEDING 44 35 DUP LIC ISSUED PRIOR ISS 01/26/		03/09/99 01/12/98	EL	A32374	E7	U	υ		2
4169 SPEEDING 39 30 4164 A FAILED TO REMAIN STOPP		09/25/96 07/28/96		A20983 A20208	B2 B2				2
LIC SURR/NJ-P09266196502444		08/26/91					5		
TOTAL POINTS									007
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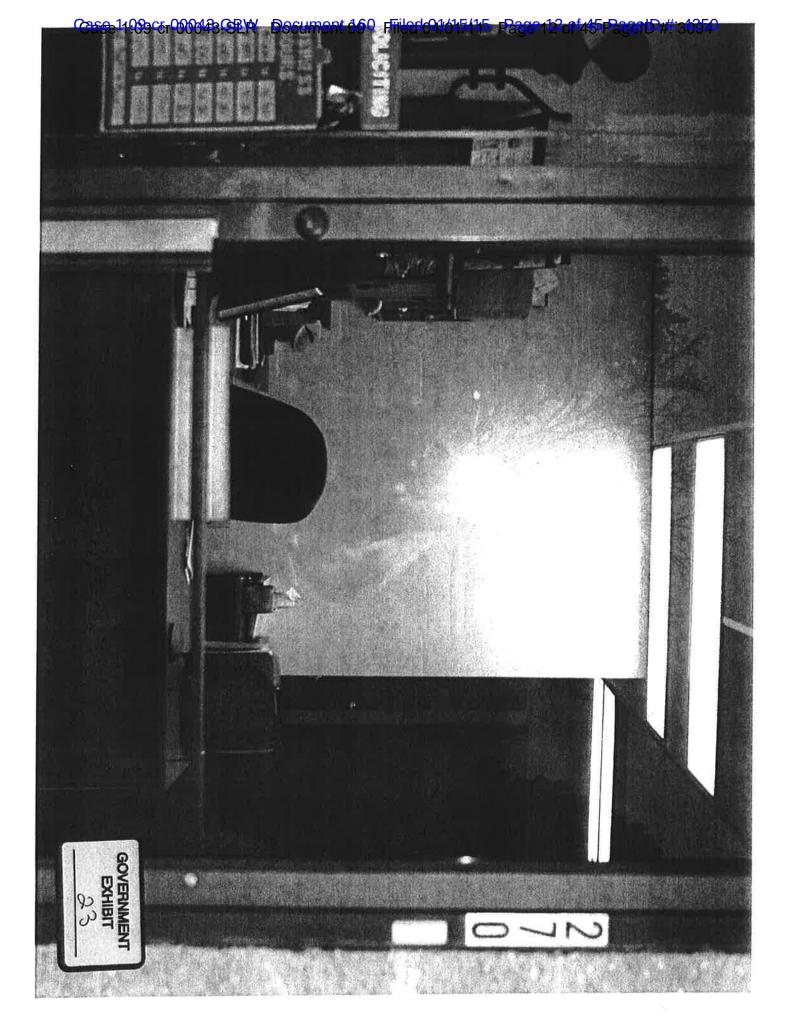
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I, the undersigned, an officer of the Division of Motor Vehicles for the State of Delaware, in whose charge the above records are, DO HEREBY CERTIFY that the above is a true and correct copy of the driving record of the above named individual as it appears in the Division of Motor Vehicles, and that I am the officer having legal custody of this record.

In testimony wherof, I have hereunto set my hand and official seal of my office at Dover, Kent County, DE.

Division of Motor Vehicles







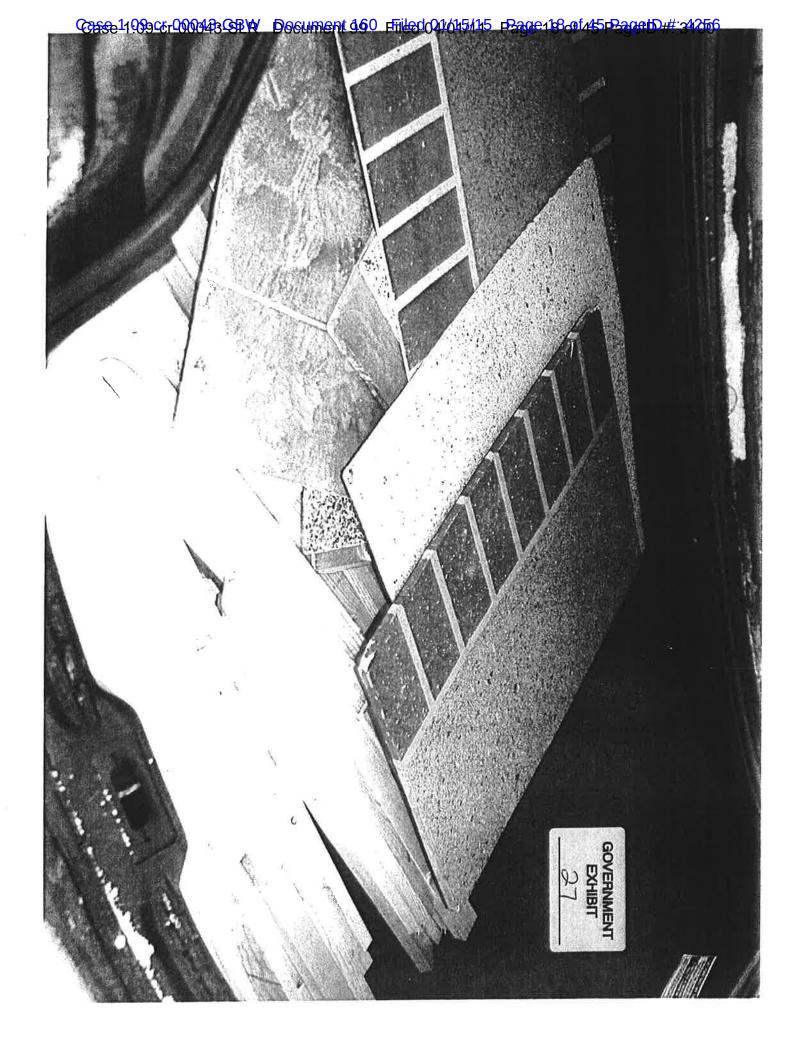
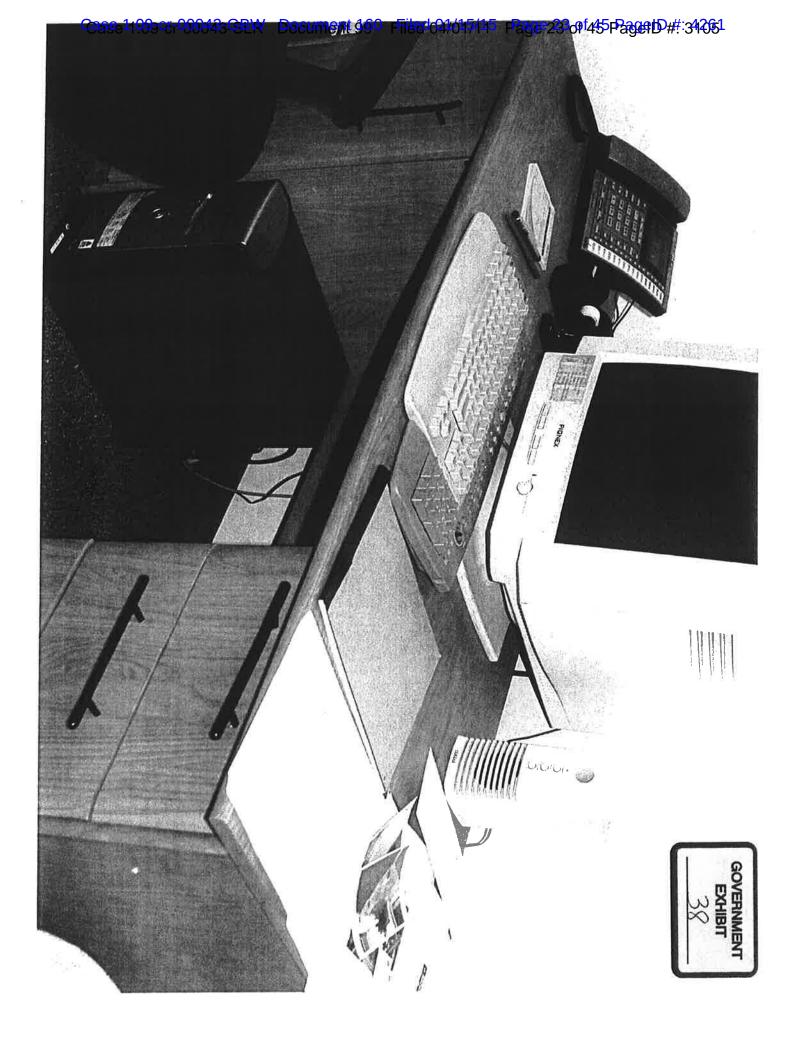




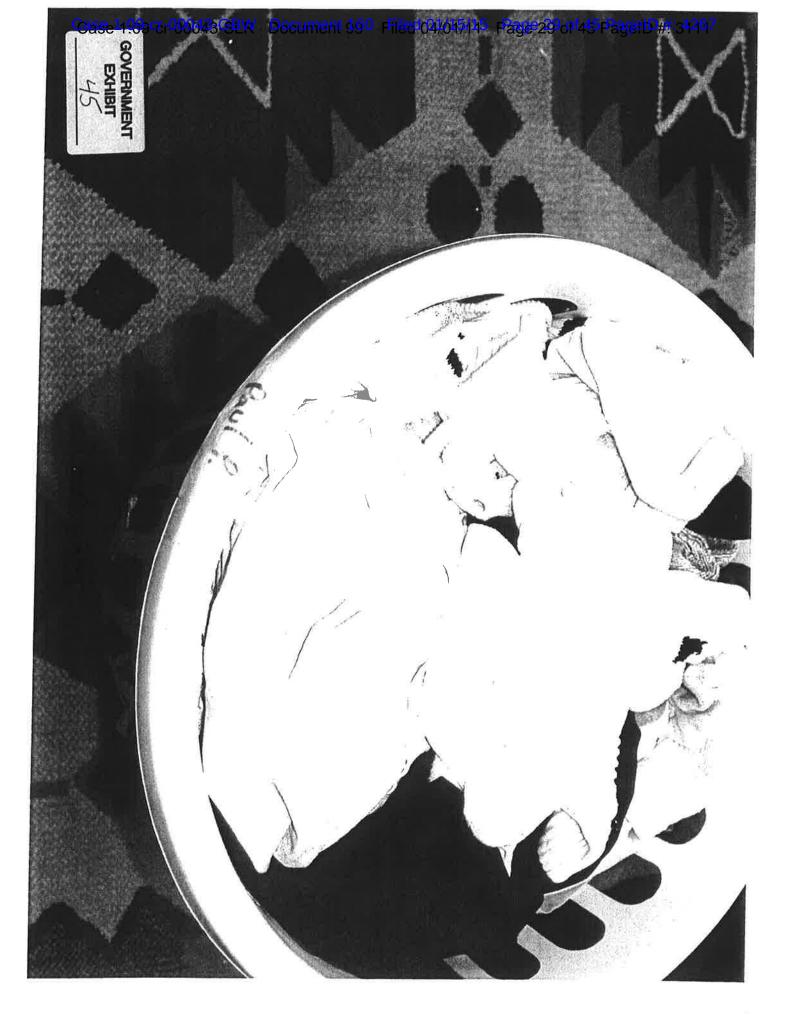
EXHIBIT 33

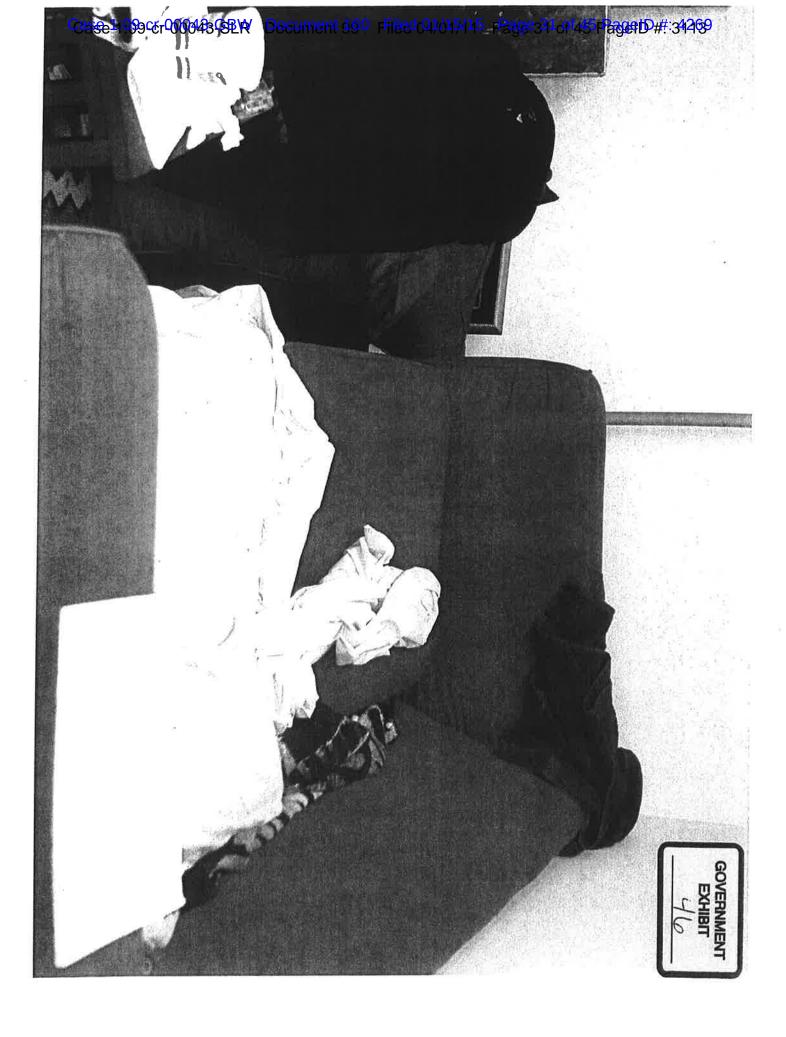
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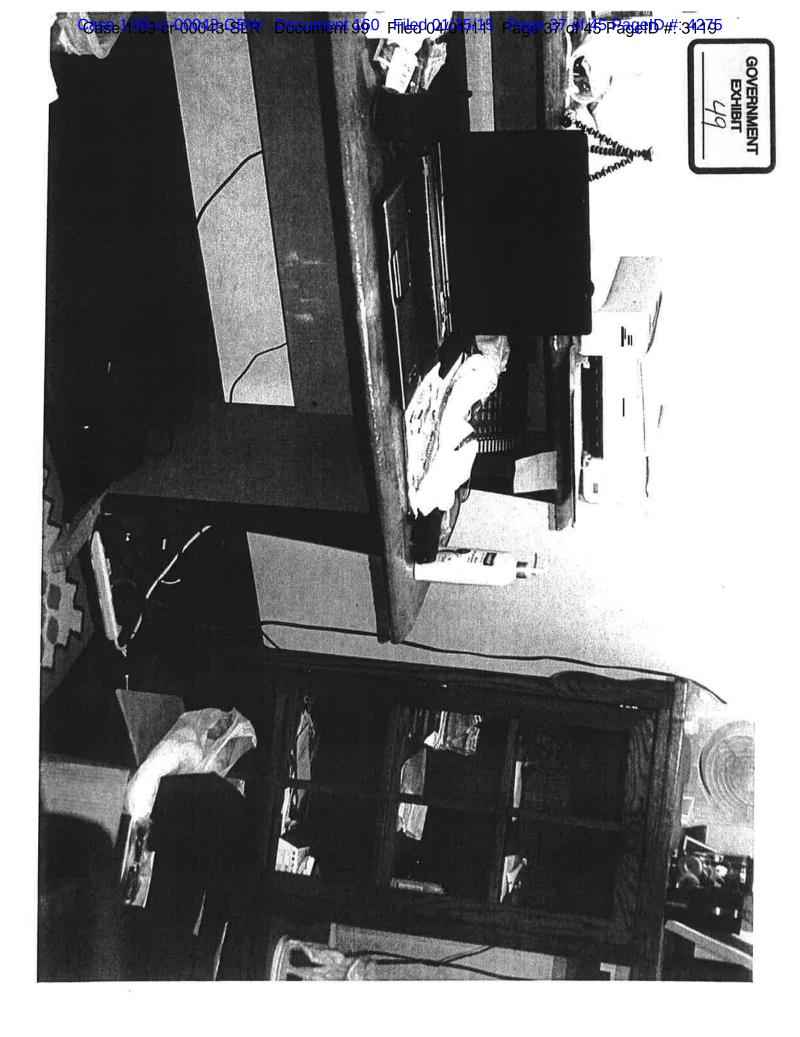






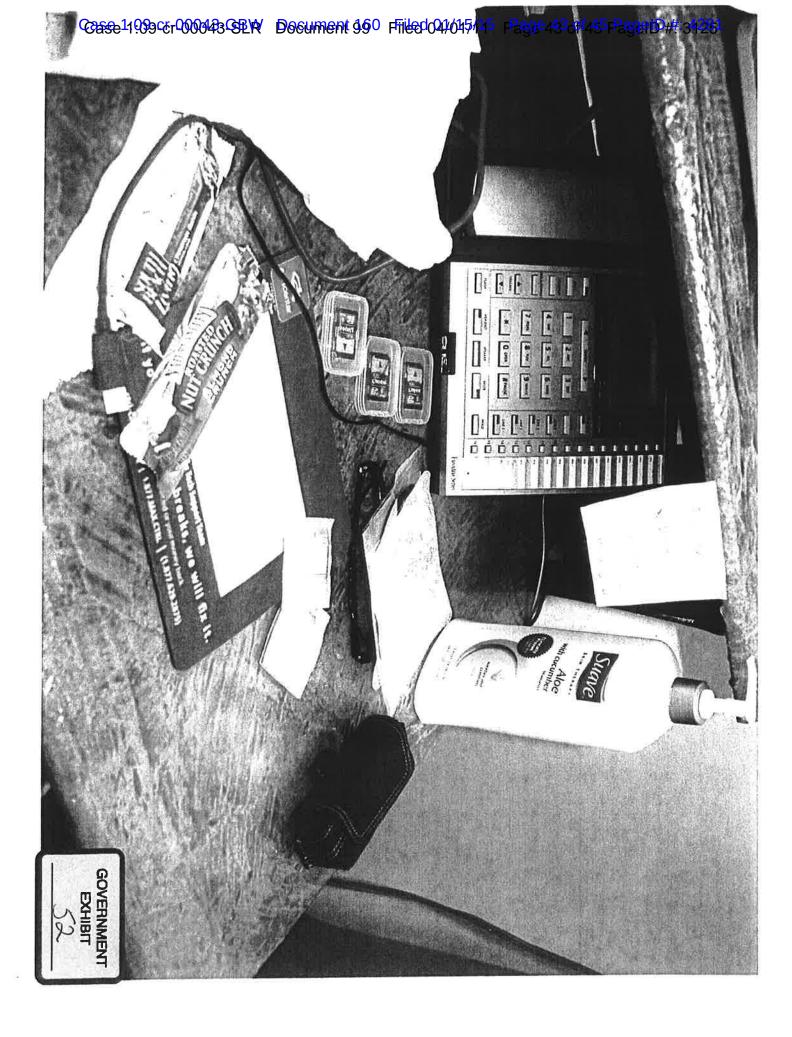












EXHIBITS 56

Computer